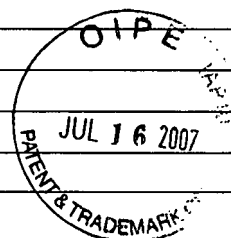


FEE TRANSMITTAL

Complete if Known

Application Number 10/800,578
 Filing Date March 15, 2004
 First Named Inventor Marc Tillis
 Examiner Name 1761
 Art Unit Anthony J. Weier
 Attorney Docket Number G72.12-0013



☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120)

METHOD OF PAYMENT (Check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (Please Identify): _____
- ☒ Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | | Small Entity | | Small Entity | | |
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | | |
| 0 - 20 or HP = 0 x 50 = 0 | | |
| HP = highest number of total claims paid for, if greater than 20 | | |
| Indep. Claims | | |
| 0 - 3 or HP = 0 x 200 = 0 | | |
| HP = highest number of independent claims paid for, if greater than 3 | | |
| Multiple Dependent Claims | | |
| Fee (\$) | 360 | Fee Paid (\$) |
| | | 0 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| 0 | - 100 = 0 | / 50 = 0 (round up to a whole number) x | 250 | = 0 |

4. OTHER FEE(S)

| Non-English Specification, \$130 fee (no small entity discount) | Fee(s) Paid (\$) |
|---|------------------|
| Other: <u>Extension for response within first month (1251)</u> | 120 |

SUBMITTED BY

| | | | | |
|-------------------|----------------------|-----------------------------------|----------------------|-------------------------|
| Signature | <i>Peter Sawicki</i> | Registration No. (Attorney/Agent) | 30,214 | Telephone: 612-334-3222 |
| Name (Print/Type) | Peter Sawicki | Date: | <i>July 12, 2007</i> | |